

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10593272

FILING DATE

9-18-01

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1	1			
4		3		1		
5		0				
6		0				
7		0				
8		0				
9		0				
10		0				
11		0				
12		0				
13	1					
14		1				
15		2				
16	1					
17		1				
18		2				
19		2				
20		0				
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49						
50						
TOTAL IND.	3	↓	2	↓		↓
TOTAL DEP.	22	←	2	←		←
TOTAL CLAIMS	25		4			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						